



Restorative Justice Louisville Inc.

Conference Agreement

Case number 00243557-002

Name of Offender: Jaron Jackson

Name of Victim: La Rhonda Ewing

Offense(s): Theft By Unlawful Date of Meeting: 10/4/12
Taking

AGREEMENT

The following agreement was reached:

- I, Jaron Jackson agree to pay victim Ms. Ewing \$ 50.45 /month
Payment will be made in full by (date) _____ or in payments as follows: for 11
beginning Dec. 1 & on first of each month months
Unless paid to the victim at the meeting, payments will be mailed to:
La Rhonda Ewing Ewing
1752 West Hill Street
Louisville KY 40210

Additional Agreement(s):

-
- If issues with repayment occurs, Jaron
will contact RL @ 574-6869.
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-
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Use additional sheets of paper if necessary.

We further understand that this agreement will be shared with the following:

We also understand that a copy of this agreement shall be provided to the Court and a copy maintained by Restorative Justice Louisville.

Signatures

Robert Williams 10-4-12
Person who was Harmed Date

Stephonda M. Perry 10-4-12
Parent (if present) Date
(If person harmed under 18 years of age)

Person who was Harmed Date

Parent (if present) Date
(If person harmed under 18 years of age)

Jaron Jacobson 10-4-12
Person Who Caused Harm Date

Stephonda M. Perry 10-4-12
Parent (if present) Date
(If person is under 18 years of age)

Person Who Caused Harm Date

Parent (if present) Date
(If person is under 18 years of age)

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Use additional signature sheets if needed.

Return to:
Restorative Justice Louisville Inc. Coordinator
514 West Liberty Street, Suite 106
Louisville, KY 40202